

S/N Unknown

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Robert D. Norman	Examiner:	Unknown
Serial No.:	Unknown	Group Art Unit:	Unknown
Filed:	Herewith	Docket:	703.067US4
Title:	APPARATUS AND METHOD FOR REDUCING PROGRAMMING CYCLES FOR MULTISTATE MEMORY SYSTEM		

INFORMATION DISCLOSURE STATEMENT

MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicant respectfully requests that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicant requests that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

Pursuant to 37 C.F.R. §1.97(b), it is believed that no fee or statement is required with the Information Disclosure Statement.

Pursuant to 37 C.F.R. §1.98(d), copies of the listed documents are not provided as these references were previously cited by or submitted to the U.S. Patent Office in connection with Applicant's prior U.S. application, Serial No. 09/559697, filed on April 27, 2000, which is relied upon for an earlier filing date under 35 U.S.C. §120.

The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if there are any questions regarding this communication.

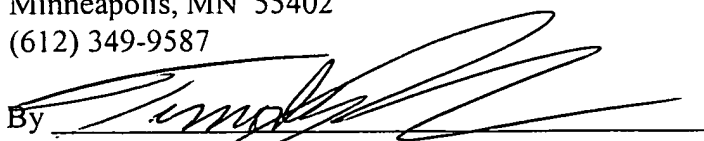
Respectfully submitted,

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Date of Deposit: January 12, 2004

This paper or fee is being deposited on the date indicated above with the United States Postal Service pursuant to 37 CFR 1.10, and is addressed to The Commissioner for Patents, Mail Stop Patent Application, P.O.Box 1450, Alexandria, VA 22313-1450.

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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	Unknown
Filing Date	Even Date Herewith
First Named Inventor	Norman, Robert
Group Art Unit	Unknown
Examiner Name	Unknown

Sheet 1 of 1

Attorney Docket No: 703.067US4

US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	Filing Date If Appropriate
	US-4,970,691	11/13/1990	Atsumi, Shigeru , et al.	365	189.11	04/07/1989
	US-5,394,362	02/28/1995	Banks, G. J.	365	189.01	06/04/1993
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	US-5,450,363	09/12/1995	Christopherson, Mark , et al.	365	205	06/02/1994
	US-5,497,119	03/05/1996	Tedrow, Kerry D., et al.	327	540	06/01/1994
	US-5,539,690	07/23/1996	Talreja, S. S., et al.	365	185.22	06/02/1994
	US-5,566,111	10/15/1996	Choi, Woong-Lim	365	185.22	10/31/1995
	US-5,566,125	10/15/1996	Fazio, Albert , et al.	365	45	03/31/1995
	US-5,568,426	10/22/1996	Roohparvar, Fariborz F., et al.	365	185.22	07/26/1995
	US-5,636,166	06/03/1997	Roohparvar, Frankie F.	365	194	12/05/1995
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	US-5,764,568	06/09/1998	Chevallier, Christophe J.	365	185.03	10/24/1996
	US-6233173B1	05/15/2001	Chevallier, C. J., et al.	365	185.03	11/24/1999

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	T ²
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OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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EXAMINER**DATE CONSIDERED**

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional) ² Applicant is to place a check mark here if English language Translation is attached